

Lafayette Tennis Adult Program
Spring, 2012
March 26 – June 8 (11 Weeks)

Name: _____ Sex: __M __F
(first) (middle initial) (last)

Date of Birth: _____ Age: ____ Height: _____

Player's E-mail: _____ Player's Cell: _____

Address: _____ City/State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

Spouse's Name: _____ Work Phone: _____

Spouse Cell: _____

Spouse E-mail: _____

Emergency Contact: _____ Phone: _____

Tennis Skill Level: __Beginner __Advanced Beginner __Intermediate __Advanced

Check www.LafayetteTennis.org for class times tennis skill level.

First Choice Class: _____ Second Choice: _____ Third Choice: _____

List any medications, previous injuries, illnesses or conditions including allergies that may interfere with your participation in this activity:

In consideration of your accepting my application to participate in a Lafayette Tennis program, I hereby for myself, my child, my personal representatives, executors and administrators, waive and release all claims and rights for damages I may have against Lafayette Tennis Association, D.C. Public Schools, D.C. Department of Parks and Recreation, or their agents for any and all injuries suffered by me in this activity. I understand that tennis may include some accidental contact with other players, racquets, balls and other equipment on or near the tennis courts. All possible care will be taken by the instructor/coach to ensure the safety of all participants. I voluntarily and knowingly recognize, accept and assume all risk. I agree to reasonable use of photos or videos of my child for instructional purposes and use on official organizational websites.

Registrant's signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Put completed form with payment of \$220 in **orange** Lafayette Tennis box in the Great Hall at the Lafayette Elementary School or

mail to: Lafayette Tennis
6117 32nd Place, NW
Washington, DC 20015-2401 For more info go to: www.LafayetteTennis.org